

## A REQUEST TO OBTAIN THE COST TO RECLASSIFY PRIOR GROUP I SERVICE AS A COUNTY CORRECTIONAL OFFICER TO GROUP II SERVICE

### Informational Section:

Any corrections officer who has **eligible Group I service** may elect to reclassify such Group I service to Group II service upon payment of the cost (accrued liability) as determined by the System's actuary.

### Eligibility Requirements:

1. Your Group I service was for time served as a county correctional officer.
2. Your Group I service was performed between July 24, 1987 and the date your county employer elected Group II participation for its correctional officers.
3. You are currently employed as a correctional officer by such County.
4. You apply for and purchase such credit within 5 years of July 22, 2000.
5. You pay the \$500.00 actuarial fee for determining the cost. (Make check payable to NHRS)

### **PART I MEMBER INFORMATION:**

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

SS#: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Phone #: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Period of Group I Service as a county correctional officer: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Actuarial Fee – Check #: \_\_\_\_\_

Member's signature: \_\_\_\_\_  
*Signature* *Date*

### **PART II EMPLOYER CERTIFICATION (to be completed by employer):**

Employer Name: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please certify the following information about the employee identified in Part I:

- Date of hire as a full-time county correctional officer: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Current annual base rate of compensation: \$ \_\_\_\_\_
- Current employment status: \_\_\_\_\_ Position Title: \_\_\_\_\_
- I ☐ was ☐ was not regularly employed in a full-time correctional officer capacity for the period stated in Part I.

I, \_\_\_\_\_, certify the information provided in Part II on this form is, to the best of my knowledge, accurate and complete.  
*Name & Title (Please Print)*

\_\_\_\_\_  
*Authorized Signature* *Date*

### **PART III - FOR NHRS USE ONLY:**

Check Receipt Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_ Received by: \_\_\_\_\_